

General

Title

Cardiac care: percentage of patients with ST-segment elevation acute coronary syndrome (STE-ACS) who receive reperfusion treatment.

Source(s)

Quality indicators in critically ill patients. Madrid (Spain): Spanish Society of Intensive and Critical Care and Units Coronary (SEMICYUC); 2011. 185 p.

Measure Domain

Primary Measure Domain

Clinical Quality Measures: Process

Secondary Measure Domain

Does not apply to this measure

Brief Abstract

Description

This measure is used to assess the percentage of patients with ST-segment elevation acute coronary syndrome (STE-ACS) who receive reperfusion treatment.

Rationale

The aim of intensive care medicine is to provide critical patients with the healthcare that they need, ensuring the quality and safety of care. Intensive care medicine is one of the principal components of modern healthcare systems. There is an increasing demand for this resource, which involves high costs.

The quality of care has gradually come to be the central focus of healthcare, and in recent years patient safety has come to represent one of the key aspects of quality. In the case of intensive care medicine, this interest in quality is even more evident, not only because of its social and economic impact, but also because some of the dimensions involved in the quality of care of critical patients take on greater importance: critical patients are more vulnerable, access to critical care is more limited so efforts to

distribute resources equitably are more important, scant scientific evidence is available, and the efficiency is limited.

Reperfusion with thrombolytic treatment or primary percutaneous transluminal coronary angioplasty (PTCA) reduces the size of the infarct, improves ventricular function, and reduces morbidity and mortality in patients with ST-segment elevation acute coronary syndrome (STE-ACS).

Evidence for Rationale

Kushner FG, Hand M, Smith SC Jr, King SB 3rd, Anderson JL, Antman EM, Bailey SR, Bates ER, Blankenship JC, Casey DE Jr, Green LA, Hochman JS, Jacobs AK, Krumholz HM, Morrison DA, Ornato JP, Pearle DL, Peterson ED, Sloan MA, Whitlow PL, Williams DO, American College of Cardiology Foundation/American Heart Association Task Force. 2009 Focused Updates: ACC/AHA Guidelines for the Management of Patients With ST-Elevation Myocardial Infarction (updating the 2004 Guideline and 2007 F. Circulation. 2009 Dec 1;120(22):2271-306. [PubMed](#)

Quality indicators in critically ill patients. Madrid (Spain): Spanish Society of Intensive and Critical Care and Units Coronary (SEMICYUC); 2011. 185 p.

Rosell Ortiz F, Mellado Vergel FJ, Ruiz Bailen M, Garcia Alcantara A, Reina Toral A, Arias Garrido J, Alvarez Bueno M, Grupo Cardiologico de EPES, Grupo ARIAM de Andalucia. [Acute coronary syndrome (ACS) with elevated ST segment: consensus strategy for early reperfusion. The Public Enterprise for Health Emergencies and the ARIAM Project Andalusia]. Med Intensiva. 2007 Dec;31(9):502-9. [29 references] [PubMed](#)

Van de Werf F, Bax J, Betriu A, Blomstrom-Lundqvist C, Crea F, Falk V, Filippatos G, Fox K, Huber K, Kastrati A, Rosengren A, Steg PG, Tubaro M, Verheugt F, Weidinger F, Weis M, ESC Committee for Practice Guidelines (CPG), Vahanian A, Camm J, De Caterina R, Dean V, Dickstein K, Funck-Brentano C, Hellemans I, Kristensen SD, McGregor K, Sechtem U, Silber S, Tendera M, Widimsky P, Zamorano JL. Management of acute myocardial infarction in patients presenting with persistent ST-segment elevation: the Task Force on the Management of ST-Segment Elevation Acute Myocardial Infarction of the European Society of Cardiology. Eur Heart J. 2008 Dec;29(23):2909-45. [257 references] [PubMed](#)

Primary Health Components

Cardiac care; ST-segment elevation acute coronary syndrome (STE-ACS); reperfusion treatment

Denominator Description

Number of patients with indications for ST-segment elevation acute coronary syndrome (STE-ACS) discharged from the critical care department (see the related "Denominator Inclusions/Exclusions" field)

Numerator Description

Number of patients with ST-segment elevation acute coronary syndrome (STE-ACS) who receive reperfusion treatment (see the related "Numerator Inclusions/Exclusions" field)

Evidence Supporting the Measure

Type of Evidence Supporting the Criterion of Quality for the Measure

A clinical practice guideline or other peer-reviewed synthesis of the clinical research evidence

A formal consensus procedure, involving experts in relevant clinical, methodological, public health and organizational sciences

Additional Information Supporting Need for the Measure

Unspecified

Extent of Measure Testing

Unspecified

State of Use of the Measure

State of Use

Current routine use

Current Use

not defined yet

Application of the Measure in its Current Use

Measurement Setting

Hospital Inpatient

Intensive Care Units

Professionals Involved in Delivery of Health Services

not defined yet

Least Aggregated Level of Services Delivery Addressed

Single Health Care Delivery or Public Health Organizations

Statement of Acceptable Minimum Sample Size

Unspecified

Target Population Age

Age greater than or equal to 18 years

Target Population Gender

Either male or female

National Strategy for Quality Improvement in Health Care

National Quality Strategy Aim

Better Care

National Quality Strategy Priority

Prevention and Treatment of Leading Causes of Mortality

Institute of Medicine (IOM) National Health Care Quality Report Categories

IOM Care Need

Getting Better

Living with Illness

IOM Domain

Effectiveness

Data Collection for the Measure

Case Finding Period

Unspecified

Denominator Sampling Frame

Patients associated with provider

Denominator (Index) Event or Characteristic

Clinical Condition

Institutionalization

Denominator Time Window

not defined yet

Denominator Inclusions/Exclusions

Inclusions

Number of patients with indications for ST-segment elevation acute coronary syndrome (STE-ACS) discharged from the critical care department

Population: All patients diagnosed with STE-ACS discharged from the critical care department during the study period.

Exclusions

Patients with orders to limit life support

Exclusions/Exceptions

not defined yet

Numerator Inclusions/Exclusions

Inclusions

Number of patients with ST-segment elevation acute coronary syndrome (STE-ACS) who receive reperfusion treatment

Note:

Indications for reperfusion: All patients with a history of angina less than 12 hours and persistent ST-segment elevation or new (suspected) complete left bundle branch block.

Reperfusion treatment: Thrombolytic treatment or primary percutaneous transluminal coronary angioplasty (PTCA).

Exclusions

Unspecified

Numerator Search Strategy

Institutionalization

Data Source

Electronic health/medical record

Paper medical record

Type of Health State

Does not apply to this measure

Instruments Used and/or Associated with the Measure

Unspecified

Computation of the Measure

Measure Specifies Disaggregation

Does not apply to this measure

Scoring

Rate/Proportion

Interpretation of Score

Desired value is a higher score

Allowance for Patient or Population Factors

not defined yet

Standard of Comparison

not defined yet

Prescriptive Standard

Standard: greater than 90%

Evidence for Prescriptive Standard

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Identifying Information

Original Title

Reperfusion techniques in ST-elevation acute coronary syndrome (STE-ACS).

Measure Collection Name

Quality Indicators in Critically Ill Patients

Measure Set Name

Cardiac Care and Cardiopulmonary Resuscitation (CPR)

Submitter

Spanish Society of Intensive and Critical Care and Units Coronary - Clinical Specialty Collaboration

Developer

Spanish Society of Intensive and Critical Care and Units Coronary - Clinical Specialty Collaboration

Funding Source(s)

Boehringer Laboratories

Composition of the Group that Developed the Measure

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Financial Disclosures/Other Potential Conflicts of Interest

Unspecified

Adaptation

This measure was not adapted from another source.

Date of Most Current Version in NQMC

2011 Mar

Measure Maintenance

Unspecified

Date of Next Anticipated Revision

2016 Jul

Measure Status

This is the current release of the measure.

The measure developer reaffirmed the currency of this measure in May 2016.

Measure Availability

Source available in [English](#) and [Spanish](#) from the Spanish Society of Intensive and Critical Care and Units Coronary (SEMICYUC) Web site.

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NQMC Status

This NQMC summary was completed by ECRI Institute on November 18, 2013. The information was verified by the measure developer on February 6, 2014.

The information was reaffirmed by the measure developer on May 10, 2016.

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Production

Source(s)

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